

P12000079884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

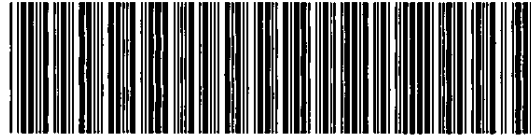
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/20/12

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SWEPT WING AVIANION INC**

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$7.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM MICHAEL G KATZMANN  
Name (Printed or typed)

3908 SW LEESBURG STREET  
Address

PORT SAINT LUCIE FLORIDA 34953  
City, State & Zip

954 494 4373 Daytime Telephone number

SWEPTWING@BELLSOUTH.NET  
E-mail address (to be used for initial and subsequent notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 601, F.S. (Profit)

# SWEPT WING AVIATION INC

**ARTICLE I NAME**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3908 SW LEESBURG STREET  
PORT SAINT LUCIE FLORIDA 34953

Mailing address, if different is:

3908 SW LEESBURG STREET  
PORT SAINT LUCIE FLORIDA  
34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL  
BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL G KATZMANN  
Address: 3908 SW LEESBURG STREET  
PORT SAINT LUCIE FLORIDA 34953

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

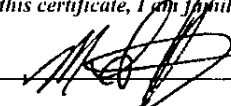
Name: MICHAEL G KATZMANN  
Address: 3908 SW LEESBURG STREET  
PORT SAINT LUCIE FLORIDA 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

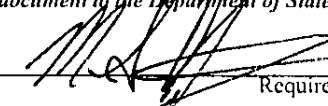
Name: MICHAEL G KATZMANN  
Address: 3908 SW LEESBURG STREET  
PORT SAINT LUCIE FLORIDA 34953

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

9/17/2012

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

9/17/12  
Date

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TALLAHASSEE, FLORIDA